



Arizona Department of Transportation

Contract Compliance Program WEEKLY TRAINEE MONITORING FORM

Prime Contractor		ADOT TRACS#	
Subcontractor (If trainee is not employed by prime contractor)		Federal Aid Project #	
Trainee	This week's Payroll #		Length of Craft Training in Hours
Employee Status <input type="checkbox"/> New Hire <input type="checkbox"/> Upgrade <input type="checkbox"/> Journeyworker		<input type="checkbox"/> *Last report for this employee on this project (State reason, i.e.,quit, layoff, etc.)	Minimum OJT hours required, this project, bid item # 9230001
Wage Rate	Job Classification		# Hours worked this week
*RACE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER	*SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Trainee Start Date, this job:	% of Total Training Hours Complete, all trainees, this project:

*Use of this information is for reporting purposes only

1. Describe previous training on ADOT and / or Federal Aid Projects.	
2. Describe training provided for the current project	
3. Do you feel that you are making progress in this training program? How many hours of apprenticeship/training have you completed? In what stage of training are you? EX: 2 nd ½ of 3 rd yr of 4 year program.	
4. What area of training do you want more of? Explain.	
5. Describe Contractor's complaint process.	
Trainee's signature _____ Contact Phone Number: _____	Date _____ Contact Phone Number: _____
Immediate Supervisor's signature _____ Contact Phone Number: _____	Date _____

Please complete, print and fax or mail this form to: ADOT Civil Rights Office, 1135 N. 22nd Avenue, 2nd Floor, MD 154A, Phoenix, Arizona 85009. Email questions to Mary Cook at mcook@dot.state.az.us FAX: 602-712-3711.